



Parental Agreement for School to Administer Prescribed Medicine

Wildern School will be unable to give your son/daughter medicine unless you complete and sign this form and return it to the First Aid Room together with the prescribed medicine, in its original Packaging with the pharmacy dispensing label attached.

Student's Name..... Tutor Group.....

Name and strength of Prescribed Medicine.....

ExpiryDate.....Dose to be Administered.....

Time to be Administered.....

Any other Instructions.....

Name and strength of Prescribed Medicine.....

ExpiryDate.....Dose to be Administered.....

Time to be Administered.....

Any other Instructions.....

Name and strength of Prescribed Medicine.....

ExpiryDate.....Dose to be Administered.....

Time to be Administered.....

Any other Instructions.....

Please note:

We are happy to accept Paracetamol in the box in which it was originally purchased; please indicate if you give consent for 1x500mg Paracetamol tablet to be given by appropriate staff in Wildern School in any school day YES / NO

Name of Parent/Guardian.....

Telephone Number.....

Name and Telephone Number of GP.....

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Wildern School staff administering medicine in accordance with the School Policy.
- I will inform Wildern School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.
- I understand that I am responsible for disposing of any unused medicine at the end of each academic year.
- I accept that Wildern School is not obliged to administer medicine to my son/daughter.

Signature of Parent/Guardian.....

Print Name.....Date.....